



Course Equivalency Form for Exchange Programs



Name of the Student: _____

Department : _____ Standing: _____

Academic Advisor: _____

Student Phone & E-Mail: _____

Name of the Host Institution: _____

Exchange Semester: _____

Before Mobility

	Host Institution			Çanakkale Onsekiz Mart University		
	Course Title	Code	Credits	Course Title	Code	Credits
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

HOME INSTITUTION

Approved by Departmental Academic Coordinator and Erasmus Coordinator

(Name)

(Signature & Date)